



SOCIAL SECURITY



ABANDON RECLAMATION REQUEST- CHECKS

Department of the Treasury	FROM: Social Security Administration
Financial Management Service (FMS)	Requester is located at (complete one):
ATTN: Check Reclamation Branch	PC #:
Room 700 D, 3700 East West Hwy	RO:
Hyattsville, MD 20782	FO #:
Fax: 202-874-8503	

Please **abandon reclamation** for the Social Security/SSI **check** payment(s) below:

NAME OF BENEFICIARY/RECIPIENT:	CLAIM NUMBER/SSN:
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Check Symbol	Check #	Payment Date	Amount	Check Range, if Manual OTP	Paid Date, if Manual OTP

Reason for abandoning reclamation (*Choose reason*):

☐ Beneficiary/Recipient is alive.

☐ Estate or withdrawer has repaid SSA directly.

☐ Previous date of death incorrect; correct date of death is: _____

☐ Other _____

Name of Requester (<i>Print</i>):	Signature of Requester:
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Phone:	Fax:	Email:	Date of Request:
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